

# **Safe Deposit Boxes Report Forms and Instructions**

**These forms are intended for safe deposit box contents.**

**Form UP-1K ..... Page 13-14**

**UP-2K ..... Page 15-16**

**UP-3K ..... Page 17-18**

# INSTRUCTIONS FOR FORM UP-1K SAFEKEEPING

**The form UP-1K must accompany all holder reports.**

## **HOLDER INFORMATION:**

Please type or print your report!

**ITEM 1-** Enter your federal employer identification number.

**ITEM 2-** Enter your institution name and mailing address.

**ITEM 3-** If this report is being prepared by an agent on behalf of the institution, enter the agent's name and address.

**ITEM 4-** Enter the name of the person completing the form.

**ITEM 5-** Enter the telephone number for the person completing the form.

**ITEM 6-** Enter the electronic mail address for the person completing the form.

**ITEM 7-** Enter the date your institution was incorporated or registered.

**ITEM 8-** Enter the state where your institution is registered or incorporated.

## **REPORT INFORMATION:**

**ITEM 9 -** Enter total number of safe deposit boxes.

## **VERIFICATION:**

The contents of this must be certified by a CFO, partner or company officer.

**GO TO OWNER REPORT FORM (UP-2K) TO PROVIDE A DETAILED LISTING OF THE UNCLAIMED ACCOUNTS REFLECTED IN ITEM 9.**



# HOLDER REPORT SUMMARY FORM UP-1K 2005 SAFEKEEPING

**This form must accompany all holder reports.**

DID YOU ATTACH A CD? Y ☐ N ☐ ELECTRONIC FILERS: Submit a UP-1K for each business included on the cd.

HOLDER INFORMATION		
1. FEDERAL EMPLOYER ID#	2. INSTITUTION	
ADDRESS		
CITY, STATE, ZIP CODE		
3. IS THIS REPORT BEING PREPARED BY AN AGENT ON BEHALF OF THE INSTITUTION? Y <input type="checkbox"/> N <input type="checkbox"/> IF YES, FURNISH AGENT NAME AND ADDRESS:		
4. NAME OF CONTACT PERSON	5. TELEPHONE (     )	6. E-MAIL ADDRESS
7. DATE OF INCORPORATION	8. STATE OF INCORPORATION	
REPORT INFORMATION		
9. Number of safe deposit boxes/safekeeping items _____		
VERIFICATION STATEMENT		
<p>I _____ certify that I have caused to be prepared and have examined this report totaling _____ safe deposit boxes as to property presumed abandoned under the "Disposition of Unclaimed Property Act" for the year ended _____, that I am duly authorized to execute this verification by the institution and that I believe said report to be true, correct and complete as of said date to the best of my knowledge and belief.</p> <p>_____ Signature of Responsible Officer</p> <p>_____ Printed or Typed Name of Responsible Officer</p> <p>_____ Title of Responsible Officer</p> <p>_____ Date</p>		
FOR OFFICE USE ONLY		
REPORT ID	HOLDER NO.	

# INSTRUCTIONS FOR COMPLETING FORM UP-2K

**A separate UP-1K for safe deposit boxes must be submitted.**

If you are reporting 25 or more properties, you must submit your report on a properly formatted read-only CD. We also require that you submit a paper copy of the report.

If you are reporting fewer than 25 properties, please use this form referencing the following instructions:

- Please type or print your report.
- List owners alphabetically by name.
- Enter the date of this report. We will use this date as reference should we need to contact you with questions regarding the report.
- Enter your federal employee identification number (FEIN).

**Item 1** - Enter the owner's name and address as shown on your business records.

**Item 2** - Date of birth.

**Item 3** - If multiple owners are listed, enter the appropriate relationship code. Indicate the relationship using the appropriate relationship code from the list on page 4.

**Item 4** - Enter the owner(s) social security number (SSN) or federal employee identification number (FEIN).

**Item 5** - Enter the safe deposit box number.

**Item 6** - Enter the date the safe deposit box was drilled.

**Item 7** - Enter the total number of safe deposit boxes report on this page.

**Item 8** - If this is the last page of your report, enter the grand total of all safe deposit boxes reported on all pages.

**NEGATIVE REPORTS ARE REQUIRED ON SAFE DEPOSIT BOXES!**



Report Date \_\_\_\_\_

[illegible]

(7) TOTAL SAFEKEEPING ITEMS REPORTED THIS PAGE	
(8) GRAND TOTAL SAFEKEEPING ITEMS FOR REPORT	

# INSTRUCTIONS FOR FORM UP-3K SAFEKEEPING INVENTORY FORM 2005

**ITEM 1-** ENTER BANK NAME

**ITEM 2-** ENTER FEDERAL IDENTIFICATION NUMBER

**ITEM 3-** ENTER HOLDER ID #

**ITEM 4-** REPORT DATE

**ITEM 5-** ENTER BOX OWNER OR OWNER'S NAME

**ITEM 6-** ENTER RELATIONSHIP CODE (SEE PAGE 4 OF INTRODUCTION)

**ITEM 7-** SAFE DEPOSIT BOX NUMBER

**ITEM 8-** DRILL DATE

**ITEM 9-** NUMBER OF ITEMS IN SAFE DEPOSIT BOX (EXAMPLE: 5 \$2 BILLS)

**ITEM 10-** SAFEKEEPING CODE

<u>SAFEKEEPING CODE</u>	<u>SALEABLE Y/N</u>	<u>DESCRIPTION</u>
1	Y	COINS
2	Y	JEWELRY
3	N	PAPER DOCUMENTS
4	N	SAVINGS BONDS
CURR	Y	CURRENCY
MISC	Y	OTHER TANGIBLE PROPERTY
STMP	Y	STAMPS
WEAP	Y	VARIOUS WEAPONS
WILL	N	WILL
BOND	Y	BOND COUPON/DOC.

**ITEM 11-** DESCRIPTION

**PLEASE NOTE:** WHEN OPENING A SAFE DEPOSIT BOX AFTER DRILLING.....YOU DISCOVER A WEAPON...STOP AND CALL SECURITY IMMEDIATELY....HAVE SECURITY CLEAR THE WEAPON....RENDERING THE WEAPON SAFE TO HANDLE....PROCEED WITH INVENTORY RECORDING THE MAKE, MODEL AND CALIBER.

INVENTORY OF BOX SHOULD BE NOTORIZED WITH THE SIGNATURE OF BANK OFFICIAL AND BANK EMPLOYEE.



# INDIVIDUAL SAFE DEPOSIT BOX CERTIFICATE OF INVENTORY FORM UP-3K 2005

FINANCIAL CENTER NAME AND ADDRESS (1)	FEIN (2)	HOLDER ID NO. (3)	REPORT DATE (4)

RENTER'S NAME AND ADDRESS (5)	RELATIONSHIP CODE (6)	SAFE DEPOSIT BOX NUMBER (7)	DRILL DATE (8)

On the above drill date, after notice, and in accordance with state law and the rules and regulations of \_\_\_\_\_  
(FINANCIAL INSTITUTION), and in agreement entered into with the Renter, this financial institution in the presence of the undersigned officer and the undersigned Notary Public caused said Safe Deposit Box to be drilled and the contents thereof removed and inventoried as follows:

NO. OF ITEMS (9)	SAFE- KEEPING CODE (10)	DESCRIPTION (11)

Annual Rent \_\_\_\_\_ Drilling Fee \_\_\_\_\_ Total \_\_\_\_\_

I certify that the items for box number \_\_\_\_\_ as listed above represent the entire contents of this box on the cited drilling date. The contents listed above have been securely wrapped, and the package plainly marked per Submission Instructions for Safekeeping Items.

Signed \_\_\_\_\_

Title \_\_\_\_\_

Signed \_\_\_\_\_ (Notary Public)

- Notary Seal -

My Commission Expires: \_\_\_\_\_

# **SUBMISSION INSTRUCTIONS**

**PLEASE USE THE FOLLOWING SCHEDULE IN REPORTING AND DELIVERY OF SAFE DEPOSIT BOXES:**

- A. JANUARY 2006 - BANK OF AMERICA**
- B. FEBRUARY 2006 - SUNTRUST**
- C. MARCH 2006 - WACHOVIA**
- D. NOVEMBER 1, 2005 - ALL OTHER BANKS**

**BANKS MAY DELIVER SAFE DEPOSIT BOXES. AN APPOINTMENT MUST BE MADE WITH A BANK REPRESENTATIVE PRESENT UNTIL THE RECONCILIATION HAS BEEN COMPLETED.**

- Record contents of each safe deposit box remitted to Unclaimed Property on the UP-3K Safe-keeping certificate of Inventory form.
- Pack safe deposit box contents in a suitable container (plastic or brown paper envelope of appropriate size, or a cardboard bank box). Place a copy of the UP-3K Safekeeping Certificate of Inventory form in the container and tape a copy to the outside.
- Secure the container with a bank security seal.
- If more than one container is sent, place all containers in a shipping box.
- Put the UP-2K Safekeeping Report Form in an envelope and place in the shipping box. If more than one shipping box is sent, complete a separate UP-2K for each shipping box. **Note:** A UP-2K Safekeeping Report form must accompany each shipping box forwarded to state custody.

**Please send reports to:**

Georgia Department of Revenue  
Unclaimed Property Program  
4245 International Parkway, Suite A  
Hapeville, GA 30354-3918

**For additional questions contact:**

Telephone: (404) 968-0490  
Fax Line: (404) 968-0772  
Email: [ucpmail@dor.ga.gov](mailto:ucpmail@dor.ga.gov)